2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2007
Secretary of State

DOCUMENT# N95000000577

Entity Name: WELLINGTON ROLLERHOCKEY ASSOCIATION, INC.

Current Principal Place of Business:

11700 PIERSON RD.
WELLINGTON, FL 33414

New Principal Place of Business:

Current Mailing Address:

12950 SAINT DAVIDS COURT
WELLINGTON, FL 33414

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MOON, WALTER J
12950 SAINT DAVIDS COURT
WELLINGTON, FL 33414 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	P/D	( ) Delete
Name:	MOON, WALTER	
Address:	12950 SAINT DAVIDS COURT	
City-St-Zip:	WELLINGTON, FL 33414	
Title:	T/D	( ) Delete
Name:	VICKERS, KAREN	
Address:	9289 TALWAY CIRCLE	
City-St-Zip:	BOYTON BEACH, FL 33437	
Title:	D/S	(X) Delete
Name:	DANIK, JEFF	
Address:	13590 BRIGHTSTONE ST	
City-St-Zip:	WELLINGTON, FL 33414	
Title:	D	( ) Delete
Name:	DUNHAM, JAMES	
Address:	11700 PIERSON RD	
City-St-Zip:	WELLINGTON, FL 33414	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WALTER J MOON P/D 04/19/2007

Electronic Signature of Signing Officer or Director — Date